

0002/0002



Prescription Order Form

697 Waverly Street, Framingham MA 01702
800.994.6322, 508.820.0606.
FAX 888.820.0583 or 508.820.1616

M-T
S.O.

DATE: 8-10-12

NAME OF

FACILITY: St. Thomas Outpatient Neurosurgical ^{CLV} PHONE NUMBER: 615-341-3425ADDRESS: 4230 Harding Rd Suite 401 CONTACT NAME: Debra Schamberg P.O. #: SC 8-10-12
Nash Tn 37205

Name of Patient

We must have Facility name & address to process your prescription order - Thank you.

Name of medication to be compounded

Strength If preservative-free, write in p/f
(%, mg/ml, u/ml)Unit size # of units
(mL, gm...)

Directions

no names
required

methylprednisolone

80mg/ml PF

1ml

500

06/29 @ 26
on the board m

5 per Bag

Ref: METHYLPRED
Dep:Date: 13Aug12
Wgt: 1.00 LBS
DV:SHIPPING: 9.32
SPECIAL: 0.93
HANDLING: 0.00
TOTAL: 10.259.32
0.93
0.00
10.25Svce: STANDARD OVERNIGHT
TRCK: 5388 6448 0790

Physician's Name/Signature: John Culclasure MD

DEA Number: BC 222 6909

Verification: Institutional Agent: Debra

NEGOC Agent: SS

QB: ✓

Date: 8/13/12 Time: 10:54e

V102309

For NECC Use Only

08/10/2012 15:50 FAX

DOJ_NECC0000955036

174704_112_11_000838



New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

Invoice

Date	Invoice #
8/13/2012	225489

Bill To

ST. THOMAS OUTPATIENT NEUROSURGICAL
4230 HARDING ROAD, SUITE 901
NASHVILLE, TN 37205
ATTN: MARLESE ALLEN

Ship To

ST. THOMAS OUTPATIENT NEUROSURGICAL
4230 HARDING ROAD, SUITE 901
NASHVILLE, TN 37205
ATTN: DEBRA SCHAMBURG

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
SC 8-10-12	Net 30	MG-S	8/13/2012	FEDEX		
Quantity	Item Code	Description	Price Each	Amount		
500	METHYL 80/1 PF	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, 1 ML	6.50	3,250.00		
1	Shipping Charges		20.00	20.00		

!!!THANK YOU FOR YOUR ORDER!!!

PLEASE PLACE INVOICE NUMBER ON PAYMENT

Total	\$3,270.00
Credits	\$0.00
Balance Due	\$3,270.00



Pharmacist's Rx Order Verification Sheet

Please verify that the following are correct for this Rx Order

Facility Name	✓
Facility Address	✓

Methylpred 80

Drug 1		Drug 2		Drug 3	
Medication	✓	Medication		Medication	
Vial Size	✓	Vial Size		Vial Size	
# of Units	✓	# of Units		# of Units	
Lot # Matched	✓	Lot # Matched		Lot # Matched	
Lab Reports Enclosed		Lab Reports Enclosed		Lab Reports Enclosed	

Drug 4		Drug 5		Drug 6	
Medication		Medication		Medication	
Vial Size		Vial Size		Vial Size	
# of Units		# of Units		# of Units	
Lot # Matched		Lot # Matched		Lot # Matched	
Lab Reports Enclosed		Lab Reports Enclosed		Lab Reports Enclosed	

Kathy S. Chin, RPh, PharmD	
Jill Keough, RPh, PharmD	✓
Barry J. Cadden, RPh	
Glenn. A. Chin, RPh	
J.Matt Evanosky, RPh	
Chris M. Leary, RPh, PharmD	
Gene V. Svirskiy, RPh, PharmD	
Alla V. Stepanets, RPh, PharmD	

538854480475	4.00	PO	C	PHARMACY / CHARLIE	SOUTH TEXAS REGI	1905 HIGHWAY 97 EA	JOURDANTON TX	78026	FROZEN
538854480486	1.00	SO	C	STEPHANIE YELLE	COSMETIC SURGERY	8068 W. SAHARA AVE	LAS VEGAS NV	89117	HYAL
538854480497	1.00	SO	C	PHARMACY DEPT	NSLIJ SOUTHSIDE	301 E. MAIN STREET	BAY SHORE NY	11706	LET GEL
538854480501	1.00	SO	C	JOAN LUCAS	QUATELA CENTER F	973 EAST AVENUE, S	ROCHESTER NY	14607	CREAM
538854480512	1.00	SO	C	LORI DERRICK	EVANGELICAL AMB.	210 JPM ROAD SUITE	LEWISBURG PA	17837	DROPS
538854480523	1.00	SO	C	PHARMACY	DEACONESS GATEWA	4011 GATEWAY BLVD.	NEWBURGH IN	47630	BETA
538854480534	1.00	SO	C	HAUREEN JESPERSEN	KLAMATH SURGERY	2640 BIEHN STREET	KLAMATH FA	97601	DROPS
538854480545	1.00	SO	C	JEAN HAGY	SPECIALTY SURGER	225 GREENFIELD PAR	LIVERPOOL NY	13088	DROPS, HYAL, CEFUROX
538854480556	1.00	SO	C	TARA YUNKER	ST. CROIX REGION	235 STATE STREET	SAINT CROIX WI	54024	DROPS
538854480567	1.00	SO	C	DENISE CLARK	MISSION HOSPITAL	5 MEDICAL PARK DRI	ASHEVILLE NC	28803	DROPS
538854480578	1.00	SO	C	DIANE GUERRARO	PACIFIC HILLS SU	24022 CALLE DE LA	LAGUNA HIL CA	92653	DROPS
538854480589	1.00	2D	C	JACKIE MAUSER	INDIANA SURGERY	1550 E COUNTY LIN	INDIANAPOL IN	46227	TRIAMC, SULP.BLUE
538854480590	1.00	SO	C	DEE PALAGI	SOUTHWEST SURGER	19110 DARVIN DRIVE	MOKENA IL	60448	DROPS
538854480604	1.00	SO	C	JOHN CHESAREK	NORTHWESTERN MED	133 FAIRFIELD STRE	SAINT ALBA VT	05478	SULP.BLUE
538854480615	1.00	SO	C	SARAH RANDOLPH	HOLZER CLINIC	90 JACKSON PIKE	GALLIPOLIS OH	45631	BETA
538854480626	1.00	PO	B	ATTN: JENNIFER	ANALYTICAL RESEA	840 RESEARCH PARKW	OKLAHOMA C	73104	SAMPLES
538854480637	1.00	SO	C	PHARMACY	MARSHFIELD CLINI	1801 SOUTH HUME AV	MARSHFIELD WI	54449	HYDROXY, DEX, DROPS, CAN
538854480648	1.00	SO	C	PHARMACY	UNION HOSPITAL	1606 N. 7TH STREET	TERRE HAUT IN	47804	METHYLPRED, BETA, DEX
538854480659	1.00	SO	C	PHARMACY	UNION HOSPITAL	1606 N. 7TH STREET	TERRE HAUT IN	47804	METHACHOL
538854480660	1.00	SO	C	PHARMACY	ST. CLARE'S HOSP	3400 MINISTRY PARK	WESTON WI	54476	LET GEL
538854480670	1.00	SO	C	PHARMACY	HILLSBORO AREA H	1200 EAST TREMONT	HILLSBORO IL	62049	LET GEL
538854480681	1.00	SO	C	CHARLES RAFF	INTEGRIS BAPTIST	200 2ND AVENUE SW	MIAMI OK	74354	DROPS
538854480692	1.00	SO	C	ANGEL LINDSEY/PHARMA	MARGARET R. PARD	800 N. JUSTICE STR	HENDERSONV NC	28791	DROPS
538854480707	1.00	SO	C	PHARMACY DEPT	GOOD SHEPHERD HO	450 W. HIGHWAY 22	BARRINGTON IL	60010	METHACHOL
538854480718	1.00	PO	C	SHEILA LOPEZ	LITTLE RIVER HEA	1700 BRAZOS AVE	ROCKDALE TX	76567	HYAL, DROPS
538854480729	1.00	2D	C	BARBARA DOROLIAT	CIVISTA MEDICAL	5 GARRETT AVE	LA PLATA MD	20646	LET GEL
538854480730	1.00	SO	C	DEBRA SCHAMBURG	ST. THOMAS OUTPA	4230 HARDING ROAD,	NASHVILLE TN	37205	METHYLPRED
538854480740	4.00	PO	C	ATTN: LYNN SHERIDAN	SURGICARE SURGIC	630 PALISADES AVE,	ENGLEWOOD NJ	07632	FROZEN
538854480751	4.00	PO	C	ANGIE COOPER	WAGNER MACULA AN	317 VILLAGE ROAD	VIRGINIA B VA	23454	FROZEN
538854480762	1.00	SO	C	DR. SOOKIL CHUNG	CAMPUS EYE GROUP	1700 WHITEHORSE HA	HAMILTON NJ	08690	HYAL
538854480773	1.00	SO	C	BERNIE FERTEAU	CHEST MEDICINE A	100 FODEN ROAD	SOUTH PORT ME	04106	METHACHOL
538854480784	1.00	SO	C	TERRY STACHULSKI	BEDFORD AMBULATO	11 WASHINGTON PLAC	BEDFORD NH	03110	BETA
538854480795	4.00	PO	C	LENORA RACER	MARTHA JEFFERSON	595 MARTHA JEFFERS	CHARLOTTES VA	22911	FROZEN
538854480800	1.00	2D	C	KIM BROCKMEYER	BOX HILL SURGERY	100 WALTHER WARD B	ABINGDON MD	21009	METHYLPRED
538854480810	1.00	SO	C	ANDREA SCHUMANN/MIKE	ST. ELIZABETH ME	1 MEDICAL VILLAGE	EDGEWOOD KY	41017	HYAL
538854480821	1.00	PO	C	DR. HOFFMAN	EVERETT & HURITE	1 GIBALTER WAY	GREENSBURG PA	15601	HYAL
538854480832	1.00	PO	B	PHARMACY DEPT./CAROL	BRIGHAM & WOMEN'	850 BOYLSTON ST	CHESTNUT H MA	02467	IT
538854480843	1.00	SO	C	PHARMACY - ORANGE ZO	MONTEFIORE	STEUBEN AVE. & GUN	BRONX NY	10467	AVAST
538854480854	1.00	SO	B	ATTN: DARLENE SANSOM	CENTRAL ALABAMA	1709 FOREST AVE	MONTGOMERY AL	36106	IT
538854480865	1.00	SO	C	PHARMACY	CAPITAL HEALTH M	ONE CAPITAL WAY	PENNINGTON NJ	08534	PHENOL
538854480876	1.00	SO	C	KATHY DEPAULO	NAUGATUCK VALLEY	160 ROBBINS STREET	WATERBURY CT	06708	OMNIP, HYAL
538854480887	1.00	SO	C	RICHARD VELASQUEZ	FAMILIES 1ST MED	433 NORTH 4TH STRE	MONTEBELLO CA	90640	PHOSPH
538854480898	1.00	SO	C	GARY ASTLEY	DEPARTMENT OF VE	921 N.E. 13TH STRE	OKLAHOMA C OK	73104	POLY/VACIT/NEO, GALA
538854480902	1.00	SO	C	GARY ASTLEY	DEPARTMENT OF VE	921 N.E. 13TH STRE	OKLAHOMA C OK	73104	POLY/VACIT/NEO, GALA
538854480913	1.00	SO	C	PHARMACY	ALEGENT HEALTH B	7500 MERCY ROAD	OMAHA NE	68124	HYDROXY
538854480924	1.00	SO	B	SUSAN BORRELLI	CONNECTICUT NEUR	1 BRADLEY RD., SUI	WOODBRIIDGE CT	06525	IT
538854480935	1.00	SO	C	PHARMACY DEPT.	ALLINA MEDICAL C	3960 COON RAPIDS B	COON RAPID MN	55433	HYDROXY
538854480946	1.00	2D	C	PHARMACY/KARLA BELKE	GLENCOE REGIONAL	1805 HENNEPIN AVE.	GLENCOE MN	55336	TRIAMC
538854480957	1.00	SO	C	KERILYN JOHNSON	RETINA-VITREOUS	2 INDUSTRIAL WAY W	EATONTOWN NJ	07724	TRIAMC
538854480968	1.00	SO	C	ED SALG	SPECIALITY SURGI	8670 WILSHIRE BLVD	BEVERLY HI CA	90211	BETA
538854480979	1.00	SO	C	PHARMACY	RAPID CITY REGIO	353 FAIRMONT BLVD	RAPID CITY SD	57701	LET GEL
538854480980	1.00	2D	C	PHARMACY	CASCADE VALLEY H	330 SOUTH STILLAGU	ARLINGTON WA	98223	LET GEL
538854480990	1.00	SO	C	PHARMACY DEPT.	CHILDREN'S HOSPI	1600 SEVENTH AVENU	BIRMINGHAM AL	35233	LET GEL
538854481004	1.00	SO	C	PHARMACY	STOUGHTON HOSPIT	900 RIDGE STREET	STOUGHTON WI	53589	LET GEL
538854481015	1.00	2D	C	PHARMACY	PALM BAY HOSPITA	1425 HALABAR ROAD	PALM BAY FL	32907	LET GEL
538854481026	1.00	SO	C	APRIL MORTON	MID COAST HOSPIT	123 MEDICAL CENTER	BRUNSWICK ME	04011	SULP.BLUE, LET GEL
538854481037	1.00	SO	C	PHARMACY DEPT.	OVERLAND PARK RE	10500 QUIVIRA ROAD	OVERLAND P KS	66215	METHACHOL
538854481048	1.00	PO	C	JOANNE KELCH	NORTHERN WA SURG	3620 JOSEPH SIEWIC	FAIRFAX VA	22033	AVAST
538854481118	1.00	SO	C	SUSAN GAWLAK	DERMATOLOGY PAHT	65 WALNUT STREET,	WELLESLEY MA	02481	CREAM
538854481129	1.00	SO	C	PHARMACY DEPT	NORTH SHORE UNIV	LITJ HEALTH SYSTEMS	MANHASSET NY	11030	LET GEL
538854481130	1.00	SO	C	DEPT OF PHARMACY (EL	CMC PINEVILLE HO	10628 PARK ROAD	CHARLOTTE NC	28210	DROPS
5388544811324	1.00	PO	B	PHARMACY/RUSS	ST VINCENT HEATH	1233 N 30TH ST	BILLINGS MT	59101	IT
5388544811346	1.00	SO	B	PHARMACY DEPT-SAMI K	SPAULDING REHABI	125 NASHUA STREET,	BOSTON MA	02114	IT
5388544811368	1.00	SO	C	ATTN: 4 NORTH	NEWTON WELLESLEY	2014 WASHINGTON ST	NEWTON MA	02462	NALB
5388544811379	1.00	PO	B	ATTN: MICHELLE ALLEN	ALABAMA ORTHOPAE	3610 SPRINGHILL ME	MOBILE AL	36608	IT
5388544811380	1.00	SO	C	PHARMACY DEPT.	ALLINA MEDICAL C	1601 ST. FRANCIS SHAKOPEE	MN	55379	HYDROXY
5388544811390	1.00	SO	C	CAROLINE/JIMMY	THE MACKOOL EYE	31-27 41ST STREET	ASTORIA NY	11103	TRIAMC
5388544811450	1.00	SO	C	PHARMACY	ADVENTIST MEDICA	372 W. CYPRESS AVE	REEDLEY CA	93654	LET GEL
5388544811460	1.00	SO	C	PHARMACY	BAPTIST REGIONAL	1 TRILLIUM WAY	CORBIN KY	40701	LET GEL

GRAND TOTALS

FOR 1438828 8/13/2012 BJC
ST. THOMAS OUTPAT NEURO
4230 HARDING RD, #901 NASHVILLE, TN 37205
615-341-3433
ADDRESS \$3,250.00 DATE CUSTOMERS
 METHYLPRED. AC (PF) 80MG/ML INJECTABLE
5 ML
JOHN W. CULCLASURE MD BC2226909
ST. THOMAS OUT. NEURO. 615-341-3425

NEW ENGLAND COMPOUNDING CTR
697 WAVERLY ST. FRAMINGHAM, MA 01702
800-994-6322 BN5927819 NABP #2237445
Caution: Federal law prohibits transfer of this drug to any other person than patient for whom prescribed.

Rx 1438828 JOHN W. CULCLASURE MD
REFILL ST. THOMAS OUTPAT NEUROSURGICAL
4230 HARDING RD, #901 NASHVILLE, TN 37205
DEA NO METHYLPRED. AC (PF) 80MG/ML INJECTABLE
5 ML Lot# 06292012@26 Discard after 12/26/2012

USE AS DIRECTED
PHYSICIAN'S SIGNATURE SHAKE WELL *** PROTECT FROM
LIGHT ***

BJC No refills authorized

8/13/2012
INTERCHANGE IS MANDATED UNLESS THE PRACTITIONER
WRITES THE WORDS "NO SUBSTITUTION" IN THIS SPACE

ADDRESS _____

New England Compounding Center, Inc.
 PO Box 4146
 Woburn, MA 01888-4146
 Ph. 508-820-0606
 Fx. 508-820-1616

Invoice

Date	Invoice #
8/13/2012	225489

Bill To
ST. THOMAS OUTPATIENT NEUROSURGICAL 4230 HARDING ROAD, SUITE 901 NASHVILLE, TN 37205 ATTN: MARLESE ALLEN

Ship To
ST. THOMAS OUTPATIENT NEUROSURGICAL 4230 HARDING ROAD, SUITE 901 NASHVILLE, TN 37205 ATTN: DEBRA SCHAMBURG

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
SC 8-10-12	Net 30	MG-S	8/13/2012	FEDEX		
Quantity	Item Code	Description	Price Each	Amount		
500	METHYL 80/1 PF	METHYLPREDNISOLONE ACETATE (PF) 80	6.50	3,250.00		
1	Shipping Charges	MG/ML INJECTABLE, 1 ML	20.00	20.00		
!!!THANK YOU FOR YOUR ORDER!!!						Total \$3,270.00
PLEASE PLACE INVOICE NUMBER ON PAYMENT						Credits -\$3,270.00
						Balance Due \$0.00



Searching database instance rec1 for Airbill # 538854480730 with a ship date of 08/13/2012 and a range of +/- 5 days.

PACKAGE DETAILS:

Tracking No:	538854480730	Ship Date:	08/13/2012
Shipper Account No:	231566368		
Reference No (SRN):	METHYLPRED		
Shipper:	NEW ENGLAND COMPOUNDING NEW ENGLAND COMPOUNDING CENTER 697 WAVERLY STREET FRAMINGHAM, MA 01702 US	Recipient:	DEBRA SCHAMBERG ST. THOMAS OUTPATIENT NEUROSUR 4230 HARDING ROAD, SUITE 901 NASHVILLE, TN 37205 US

DELIVERY INFORMATION/SPOD Letter:

Signed For By:	D.SCHAMBERG 
Delivered to:	4230 HARDING RD STE 901
Delivery Date:	08/14/2012
Delivery Time:	12:49

1 airbill(s) matched your query.

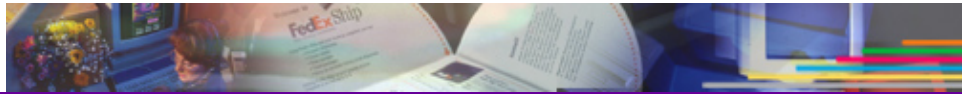
WEB Development by EDR (Electronic Delivery Record)

[Feedback](#)

Page updated: 21-NOV-2012

Access Count: 13542448

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Searching database instance rec1 for airbill # 538854480730 with a ship date of 20120813

AIRBILL_NBR:	538854480730
SEQUENCE_NBR:	2456153000
<u>FORM_CD:</u>	201
PICKUP_STATUS_CD:	00
MASTER_AIRBILL_NBR:	
SEP_ASSOCIATION_TYPE_CD:	
SEP_PKG_CREATE_DT:	16:17 08/13/2012
PICKUP_TMSTP:	16:41 08/13/2012
PICKUP_LOC_CD:	<u>AYEA</u>
PICKUP_EMPLOYEE_NBR:	
<u>SERVICE_TYPE_CD:</u>	05
<u>HANDLING_CODE_GRP:</u>	
<u>COMMITMENT_CD:</u>	A1
DEST_LOC_CD:	<u>MOYA</u>
SHIPPER_ACCOUNT_NBR:	231566368
<u>SHIPPER_COUNTRY_CD:</u>	US
SHIPPER_POSTAL_CD:	01702
SHIPPER_STATE_CD:	MA
SHIPPER_CUSTOMER_NM:	NEW ENGLAND COMPOUNDING
SHIPPER_COMPANY_NM:	NEW ENGLAND COMPOUNDING CENTER
SHIPPER_ADDRESS_DESC:	697 WAVERLY STREET
SHIPPER_ADDRESS2_DESC:	
SHIPPER_CITY_NM:	FRAMINGHAM
<u>RECIPIENT_COUNTRY_CD:</u>	US
RECIPIENT_POSTAL_CD:	37205
RECIPIENT_STATE_CD:	TN
RECIPIENT_CUSTOMER_NM:	DEBRA SCHAMBURG
RECIPIENT_COMPANY_NM:	ST. THOMAS OUTPATIENT NEUROSUR
RECIPIENT_ADDRESS_DESC:	4230 HARDING ROAD, SUITE 901
RECIPIENT_ADDRESS2_DESC:	
RECIPIENT_CITY_NM:	NASHVILLE
ACCOUNT_NBR:	
SHIPPER_REFERENCE_NBR:	METHYLPRED
DOCUMENT_CONTROL_NBR:	
DELIVERY (OR ATTEMPT) STATUS_CD:	Standard Delivery (POD 00)
SIGNATURE_REC_NBR:	PPNF1340467L
SIGNATURE_REC_LINE_NBR:	40
RECEIVER_NM:	D.SCHAMBERG
PLACE_PACKAGE_LEFT_CD:	Reception/Front Desk (1)
DELIVERY (OR ATTEMPT) TMSTP:	12:49 08/14/2012
DELIVERY_ADDRESS_DESC:	4230 HARDING RD STE 901
DELIVERY_ADDRESS2_DESC:	

DELIVERY (OR ATTEMPT) ROUTE_NBR: 339
DELIVERY (OR ATTEMPT) COURIER_ID: 84118
DELIVERY_COMMENT_DESC:
RELEASE_FLG:
EXCEPTION_HISTORY_GRP:
UPDATE_QTY:
LAST_UPDATE_TMSTP:
TIMEZONE_CHANGE_CD:

WEB Development by EDR (Electronic Delivery Record)

[Feedback](#)

Page updated: 21-NOV-2012

Access Count: 9298965

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Payment Receipt

New England Compounding Center, Inc.

PO Box 4146

Woburn, MA 01888-4146

Ph. 508-820-0606

Fx. 508-820-1616

Received From:

ST. THOMAS OUTPATIENT NEU...

ST. THOMAS OUTPATIENT NEUROSURGICAL

4230 HARDING ROAD, SUITE 901

NASHVILLE, TN 37205

ATTN: MARLESE ALLEN

Date Received 08/27/2012

Payment Amount \$3,560.00

Payment Method Check

Check/Ref. No. 11464 08/22/12

Invoices Paid

Date	Number	Amount Applied
08/08/2012	225052	-\$290.00
08/13/2012	225489	-\$3,270.00

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK, HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

FirstLight
HEALTH SYSTEM
301 S. HWY. 68
MORA, MN 55051

CHECK NO.: 048143
VENDOR NO.: 3703005

CHECK DATE: 08/22/12

PAY TO THE ORDER OF: NEW ENGLAND COMPOUNDING CENTER
PO BOX 4146
WOBBURN, MA 01888-4146

CHECK AMOUNT: \$840.00
VOID AFTER 90 DAYS

James M. Cooper
AUTHORIZED SIGNATURE

⑆048143⑆ ⑆091913601⑆ 700066⑆

Date:20120827 Check:048143 Account:700066 Amount:840.00

010215964

AUG 27 2012 0023-T046 <211371227<
LIGHTHOUSE PAYMENT SERVICES
ABSENCE OF ENDORSEMENT GUARANTEED

Date:20120827 Check:048143 Account:700066 Amount:840.00

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK, HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

CROZER-CHESTER MEDICAL CENTER
One Medical Center Blvd
Upland, PA 19073-3995

CHECK NO.: 686001

CHECK DATE: 08/22/12

PAY TO THE ORDER OF: NEW ENGLAND COMPOUNDING CENTER INC
PO BOX 4146
WOBBURN MA 01888-4146

CHECK AMOUNT: \$1,580.00
VOID AFTER 120 DAYS

Scott Richards
AUTHORIZED SIGNATURE

⑆686001⑆ ⑆031100225⑆ 2079950040055⑆

Date:20120827 Check:686001 Account:2079950040055 Amount:1580.00

001574479

AUG 27 2012 0023-T046 <211371227<
LIGHTHOUSE PAYMENT SERVICES
ABSENCE OF ENDORSEMENT GUARANTEED

PLYMOUTH LASER & SURGERY CENTER, P.C.
40 INDUSTRIAL PARK ROAD
PLYMOUTH, MA 02360

CHECK NO.: 008231

CHECK DATE: 08/22/12

PAY TO THE ORDER OF: NEW ENGLAND COMPOUNDING CENTER
PO BOX 4146
WOBBURN, MA 01888

CHECK AMOUNT: \$357.00

William P. Murphy
AUTHORIZED SIGNATURE

⑆008231⑆ ⑆011304478⑆ 2977013354⑆

Date:20120827 Check:008231 Account:2977013354 Amount:357.00

AUG 27 2012 0023-T046 <211371227<
LIGHTHOUSE PAYMENT SERVICES
ABSENCE OF ENDORSEMENT GUARANTEED

Date:20120827 Check:008231 Account:2977013354 Amount:357.00

ST. THOMAS OUTPATIENT
NEUROSURGICAL CENTER, LLC
2011 MURPHY AVENUE - SUITE 201
NASHVILLE, TENNESSEE 37203
(615) 327-9543

CHECK NO.: 011464

CHECK DATE: 8/22/2012

PAY TO THE ORDER OF: NEW ENGLAND COMPOUNDING CENTER
P.O. BOX 4146
WOBBURN MA 01888-4146

CHECK AMOUNT: \$3,560.00

[Signature]
AUTHORIZED SIGNATURE

⑆011464⑆ ⑆064005203⑆ 178088667⑆

Date:20120827 Check:011464 Account:178088667 Amount:3560.00

AUG 27 2012 0023-T046 <211371227<
LIGHTHOUSE PAYMENT SERVICES
ABSENCE OF ENDORSEMENT GUARANTEED

Date:20120827 Check:011464 Account:178088667 Amount:3560.00

IRLAND EYE SPECIALISTS, A MEDICAL CORPORATION
450 IRLAND EYE CLINIC
3053 W. CLEVELAND AVE
HEMET, CA 92343
PH (951) 432-4343

CHECK NO.: 025178

CHECK DATE: 8/23/2012

PAY TO THE ORDER OF: New England Compounding Center, Inc.
P.O. Box 4146
Woburn, MA 01888-4146

CHECK AMOUNT: \$1,630.00

[Signature]
AUTHORIZED SIGNATURE

⑆025178⑆ ⑆322271724⑆ 201469673⑆

Date:20120827 Check:025178 Account:201469673 Amount:1630.00

AUG 27 2012 0023-T050 <211371227<
LIGHTHOUSE PAYMENT SERVICES
ABSENCE OF ENDORSEMENT GUARANTEED

Date:20120827 Check:025178 Account:201469673 Amount:1630.00